

# CONCORDE, Inc., Overview to the ROTC Procedure Manual

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## **Introduction**

Individuals applying for ROTC scholarships through the College Scholarship Program (CSP) must complete certain medical examinations. These examinations are used to determine if the applicant meets the ROTC's medical requirements.

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## **Purpose of this Manual**

This Procedure Manual is both a training and a reference manual. This manual outlines your responsibilities to request and coordinate medical examinations for ROTC applicants. In addition, it provides useful information about the program.

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## **Structure of this Manual**

The structure of this manual is as follows:

Chapter 1 explains the program.

Chapter 2 explains how the process works.

Chapter 3 explains how to request examinations.

Chapter 4 explains how to schedule exams.

Chapter 5 explains how to prepare the applicant.

Chapter 6 explains how to follow-up with the applicant regarding his/her appointments.

Annex A is the instruction sheets to be given to applicants prior to completing their medical examination forms

# Chapter 1

## Program Information

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### Background

The US Air Force has contracted Concorde, Inc. to provide medical examinations nationwide in areas specified by the Department of Defense Medical Exam Review Board (DODMERB). These medical examinations are performed as part of the qualification process for admittance into the US Service Academies, the ROTC program, or to the Uniformed Services University of Health Services (USUHS).

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### Contractor's Responsibilities

Concorde, Inc. has set up a network of civilian doctors to perform medical, optometric, and dental examinations in accordance with DODMERB's specifications. The examinations are sent to Concorde, Inc. and Quality Assurance before being sent to DODMERB.

In addition, Concorde, Inc. is responsible for:

- assigning applicants to the nearest doctors
  - notifying the doctors that the applicants will be calling them for an appointment
  - following-up with the applicants if they haven't scheduled appointments in a timely manner
  - responding to detachment, applicant and doctor inquiries
  - reimbursing the doctors for the exams performed on approved applicants
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### Contractor Information

You can contact Concorde, Inc. via phone, fax, or mail as follows:

Concorde, Inc.  
1835 Market Street, 12<sup>th</sup> Floor  
Philadelphia, PA 19103-2994

Phone: (215) 587-9600  
Fax: (215) 575-9240

## **Program Information,** Continued

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### **Detachment's Responsibilities**

You are responsible for:

- requesting medical examinations for applicants
- scheduling the appointments
- providing the applicant with an examination packet
- following-up with the applicants to ensure they complete the examinations

Your responsibilities are discussed in more detail in Chapters Three through Six.

## Chapter 2

### The ROTC Physical Examination Process

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#### Introduction

The process to request approval for medical examinations involves several parties over a period of time. This section will outline the examination process.

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#### ROTC Physical Examination Process

The table below outlines the stages of the medical examination process from start to finish.

Stage	Description
Requesting Examinations	You submit examination requests to Concorde, Inc. You will receive approval/denial notification within four to five days of your request.
Scheduling examinations	You schedule the examinations for the CSP (College Scholarship Program = In-college) applicant within two days of approval notification and all exams are to be completed within six weeks of approval notification.
Preparing the applicant	You prepare the applicant for what the examinations entail and explain how to complete the examination forms.
Processing the examinations	Concorde, Inc. receives the examinations directly from the doctors, processes them and forwards them directly to DODMERB.
DODMERB review	Once DODMERB receives the file, processing time will vary depending whether additional tests are needed. On average, processing time is four weeks if no tests are needed, and up to four months if additional tests are needed.
DODMERB notifications	DODMERB sends monthly reports to the Detachments providing the status of all the examinations they are processing. DODMERB notifies the applicants of their acceptance or denial via letter sent to them in care of the Detachment.

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#### Questions for DODMERB

Questions about an applicant's qualifying status once the exam is in DODMERB's possession should be directed to DODMERB's CSP secretary at (719) 333-3576 or email to [airforce.dodmerb@usafa.af.mil](mailto:airforce.dodmerb@usafa.af.mil) OR [army.dodmerb@usafa.af.mil](mailto:army.dodmerb@usafa.af.mil) OR [navy.dodmerb@usafa.af.mil](mailto:navy.dodmerb@usafa.af.mil)).

## Chapter 3

### Requesting Examinations

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#### Introduction

Concorde, Inc. receives medical examination authorization requests from the detachments. Concorde, Inc. forwards the requests to DODMERB for approval. Approval notifications are sent to the Detachments by Concorde, Inc.

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#### How to send the request

The request must be in writing. It can be mailed or faxed. Concorde, Inc. recommends faxing because it speeds up the process.

Concorde, Inc.  
1835 Market Street, 12<sup>th</sup> Floor  
Philadelphia, PA 19103-2994

Phone: (215) 587-9600  
Fax: (215) 575-9240 or (215) 563-7219

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#### Request Components

Key pieces of information that need to be included are:

- name of the commanding officer
  - school name and address
  - Detachment ID Number (school code)
  - statement requesting medical examinations
  - name, SSN, gender, and birth date for each applicant
  - a point of contact (POC), his/her phone, e-mail, and fax numbers
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#### Request format

There is a standard format for examination requests. A sample of the request is on the next page.

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#### Receipt of authorization

You will receive a response from Concorde, Inc. within four to five days indicating which applicants were approved and which were denied examination authorization. The authorization will be sent to you via fax. For information and/or an explanation as to why an applicant was denied, call DODMERB at (719) 333-3562.

## Requesting Examinations, Continued

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### Example of an examination request

AFROTC DETACHMENT 060  
REQUEST FOR MEDICAL EXAMINATION  
FACSIMILE COVER SHEET

TO: Concorde, Inc. ROTC Project

FROM: AFROTC Detachment 060  
University of Southern California  
3560 Watt Way PED 111  
Los Angeles, CA 90089-0651

DATE: August 22, 1998

SUBJECT: Request Authorization for Medical Examination

Please establish a record and provide authorization to schedule the following candidates for medical examination:

NAME Name, First MI	SSN#	SEX	BIRTHDATE mm/dd/yy

Please fax me notification as to the approval status of these applicants. Thank You.

Gregory B. Johnson, SSgt., USAF  
Detachment NCOIC  
Phone: (213) 555-1212  
Fax: (213) 555-8574

## Chapter 4

### Scheduling Examinations

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<b>Introduction</b>	With the ROTC CSP program, you coordinate scheduling the applicants for their examinations.
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<b>Scheduling time frames</b>	You need to contact the medical, dental and optometric examiners and, if necessary, the audiologist to schedule appointments for each applicant within two days of receipt of the authorization form. The applicant's examinations are to be completed within six weeks of your receipt of the examination authorization.
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<b>Where to schedule</b>	<p>You have been provided with a list of the doctors assigned to your Detachment. If you do not know who your current doctors are, please contact Concorde, Inc. at (215) 587-9600. Arrange the applicant's appointments by coordinating his/her schedule with the times that the doctors are available.</p> <p>If the applicant is residing somewhere other than at the university, request from Concorde, Inc. that the applicant be able to take his/her exams at doctors' offices in his/her area. Make note of the applicant's current address on the examination request and Concorde, Inc. will supply you with a list of doctors near the applicant so that you can schedule the appointments with them.</p>
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<b>Sequence of examinations</b>	Schedule the dental, optometric, and audio (if applicable) examinations before the medical examination.
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<b>No applicant substitutions</b>	You are <b><i>not</i></b> allowed to substitute one applicant for another in the examination program.
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<b>Who you DO NOT submit exam requests for</b>	You submit examination requests <b><i>only</i></b> for individuals applying through your ROTC Detachment. You do not submit examination requests for individuals attending other schools and applying to a different ROTC Detachment. In addition, these examinations are for scholarship applicants only.
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<b>Notifying Concorde, Inc.</b>	Once you have scheduled all of the applicants' appointments, fill in the date and time of the last appointment on the authorization notice and fax it back to Concorde, Inc. at (215) 575-9240 or (215) 563-7219
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## Chapter 5

### Preparing the CSP Applicant

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<b>Introduction</b>	You will be providing the CSP applicant with a pre-assembled examination packet. In addition, you will need to prepare the applicant for the examinations and explain the examination process to him/her.
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<b>Examination Packet contents</b>	The examination packet contains: DD Form 2351, July 1997 (Report of Medical Examination) and DD Form 2492, July 1997 (Report of Medical History). Also included are two sheets to assist in completing the forms, ROTC Instructions and How To List Your Medical History.
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<b>Obtaining Forms</b>	<p>DD Form 2351 and DD Form 2492 should be obtained from the DoD Internet Site. The web address is: <a href="http://web1.whs.osd.mil/icdhome/DDEForms.htm">http://web1.whs.osd.mil/icdhome/DDEForms.htm</a></p> <p>Concorde will no longer be mailing out examination forms. All forms must be downloaded from the above address.</p> <p><b>Note:</b> You may make copies of the examination forms from a clean original that has been downloaded off of the Internet.</p>
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<b>No form substitutions</b>	<p>Form substitutions are not allowed. The only forms accepted by <b>DODMERB</b> are:</p> <ul style="list-style-type: none"><li>• DD Form 2351, July 1997: Report of Medical Examination</li><li>• DD Form 2492, July 1997: Report of Medical History</li></ul> <p><b>Note:</b> Forms SF88 or SF93 will <b>not</b> be accepted for this program.</p>
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<b>Coaching the applicant</b>	You need to ensure that the applicant is fully aware of what is required of him/her for these examinations. You need to fully explain the process to the applicant and the applicant's role in meeting those requirements. In addition, the applicant needs to read the ROTC Instructions and "How to List Your Medical History" (Annex A) and fully understand them.
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## Preparing the CSP Applicant, Continued

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### Sections completed by you

You are responsible for completing two items on the DD Form 2351, Report of Medical Examination , as follows:

<b>1</b>	<b>Fill in your...</b> Detachment ID #	At the top right corner of DD 2351
<b>2</b>	<b>Fill in your...</b> Detachment address	<b>In the sections labeled...</b> Current Mailing Address

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### Sections completed by the applicant

The applicant is responsible for:

- completing the remainder of the “Applicant Data” section of DD Form 2351, Report of Medical Examination
- completing the front and top half of the back of DD Form 2492, Report of Medical History
- signing the back of DD Form 2492, Report of Medical History

The top half of the back of DD Form 2492 needs to be completed according to the instructions outlined in “How to List Your Medical History”.

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### Special issues with females

Female applicants are required to have a visual external genitalia inspection. This inspection may be performed by the Concorde doctor at no cost or by their personal physician, AT THEIR OWN EXPENSE. The visual inspection of the external genitalia will include the labia, clitoris, and adjacent structures recording any abnormalities/deviations such as masses, growths, genital warts, or other dermatologic variations, evidence of sex change, etc. Also note the presence of any Bartholin’s cysts and/or vaginal discharge. No internal or speculum examination is required. If she chooses her own doctor, records of the examination must be taken to the ROTC examination.

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### Helpful directions

You may want to consider providing directions from the school to each of the doctors’ offices.

(e.g.). Dr Smith’s office (516-785-1134) is located at 1661 Redwood Path, Seaford, NY 11783. This is 2 miles west of the Seaford Oyster-Bay Expressway and Sunrise Hwy interchange.

## Chapter Six

### How to Follow Up with the Applicant

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#### Introduction

There are many places along the way where the applicants “drop the ball” or have a change of heart. It is your responsibility to keep in touch with the applicants and to know their individual situations.

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#### Cancellations and Rescheduling

You must contact the doctor(s) at least 24 hours in advance in the event of cancellations and rescheduling. Notify Concorde, Inc. immediately of any cancellations and/or changes to the original appointment date.

Excessive cancellation or rescheduling can be cause for removal from the program. Failure to appear for appointments or give at least 24 hours notice for a cancellation two or more times will result in loss of approval for the applicant to use Concorde, Inc.’s doctors.

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#### Applicant withdraws

If an applicant withdraws from the program, you must notify Concorde, Inc. immediately regarding the change in the applicant’s status.

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#### Additional Examinations, Tests, and/or Consultations

An applicant may be requested to undergo additional examinations and/or tests by DODMERB and/or consultations by Concorde, Inc.

Please make the applicant aware that Concorde, Inc. will make corrections at no additional cost if:

- 1) any tests were not completed at the original appointment.
- 2) there was a problem caused by the examining facility.
- 3) there was a problem caused by the lab.

However, any additional requests from DODMERB (i.e. remedials) are to be performed at the applicant’s expense unless they fulfill the request at a US Military Medical Treatment Facility.

**Note:** If the applicant chooses to return to Concorde, Inc.’s doctors to fulfill a request from DODMERB, it is at his/her own expense.

## ANNEX A

### APPLICANT INSTRUCTION SHEET

#### PROGRAM INFORMATION

Concorde, Inc has sent you this medical examination packet as a result of your interest in or application to the ROTC scholarship program. The Department of Defense Medical Exam Review Board (DODMERB) has contracted Concorde, Inc to provide medical examinations nationwide in areas specified by DODMERB. Concorde, Inc has set up a network of civilian doctors to perform medical, dental, and optometric examinations in accordance with DODMERB's specifications. The examinations are sent to Concorde, Inc for minor transcription and are reviewed for completeness before being sent to DODMERB. Your acceptance of this examination packet implies that you will be responsible for taking your ROTC examinations. These are free and in no way obligate you to join the program. They are simply a way for DODMERB to determine if you would be physically eligible should your interest continue. ***Please be advised that these examinations are essential for the processing of your application and it is imperative that you be prompt for all appointment times.*** You may contact Concorde, Inc at (215) 587-9600 for the answers to questions regarding general administration problems or clarification of the enclosed forms, instructions or procedures.

#### SCHEDULING APPOINTMENTS

Detachment personnel must schedule your appointments with the designated examiners. You should complete all examinations within six weeks. This time limit does not apply to any additional testing required by Concorde, Inc or by DODMERB; however, it is to your advantage to complete any follow-up exams as soon as possible. If your detachment officer has requested that you schedule your exams, contact the examiners on the sheet provided to you by your detachment. You should identify yourself as an ROTC applicant when calling to schedule the appointments. ***Please schedule your medical appointment last.*** If all the exams are scheduled on the same day, you may take them in any order. Once you have scheduled the exams, notify your detachment officer of your appointment dates. Allow ample time for the examinations and travel. Physicals take at least one hour; eye and dental exams should take 30 minutes or less.

Bring the medical forms provided by your detachment with you to the medical examination. The forms for the dental and the optometric examinations will be provided at the examiner's office. All of the doctors will mail the completed forms to Concorde, Inc.

***If you need to cancel or reschedule any of your appointments, you must give the doctors at least 24 hours notice of the change. You will no longer be allowed to use Concorde, Inc medical providers if you miss your scheduled appointments and have not given proper notice.***

#### HOW TO COMPLETE THE REPORT OF MEDICAL EXAMINATION (DD FORM 2351)

Complete items 1-10 only. Use blue or black ink. If you move during the completion of your exams, contact Concorde, Inc with your change of address. It is important that Concorde, Inc is

able to contact you regarding problems or errors with your exams. The remainder of the DD Form 2351 will be completed by the medical examiner.

## **HOW TO COMPLETE THE REPORT OF MEDICAL HISTORY (DD FORM 2492)**

***Complete this form prior to arrival at the doctor's office.***

An important part of the DODMERB medical exam concerns your past medical history. Applicants must complete items 1-84 on DD Form 2492 in blue or black ink including comments for all responses indicated as positive in items 7-82. Comments should be at the same level of completeness as indicated on the enclosed "How To Complete Your Medical History." ***Print all information plainly and sign in the space provided. DODMERB will not process your application without the required signatures.***

## **PLEASE NOTE THE FOLLOWING ON CORRECTIVE CONTACT LENSES:**

If you wear soft contact lenses, you must remove them at least three days prior to the date of your optometric examination. All other types of contact lenses must be removed 21 days before the examination date. Bring any type of contact lenses or corrective glasses you use with you to the examination.

***Failure to remove contact lenses for the proper amount of time may result in a repeat optometric examination at your own expense.***

## **PREPARATION FOR EXAM**

Physicals can be performed even if you have a minor illness such as a cold or during a female's menstrual cycle. Discontinue all non-essential medications for at least 24 hours prior to the exam unless your physician otherwise instructs you. All candidates are required to provide blood for testing and a small urine specimen for a routine urinalysis. Prepare for this by consuming water just prior to arriving for your appointment. Failure to submit the blood or urine specimens may result in having testing done at your own expense. Avoid strenuous exercise for at least 48 hours before the exam. Strenuous exercise may affect the results of your blood and/or urine testing. Avoid all stimulants such as coffee, tea, or cola for at least 24 hours prior to the exam. A visual rectal examination is a mandatory DODMERB physical requirement for both men and women.

## **SPECIAL CONSIDERATIONS FOR WOMEN**

Female applicants are required to have a visual external genitalia inspection. This inspection may be performed by the Concorde doctor at no cost or by their personal physician, **AT THEIR OWN EXPENSE**. The visual inspection of the external genitalia will include the labia, clitoris, and adjacent structures recording any abnormalities/deviations such as masses, growths, genital warts, or other dermatologic variations, evidence of sex change, etc. Also note the presence of any Bartholin's cysts and/or vaginal discharge. No internal or speculum examination is required. If she chooses her own doctor, records of the examination must be taken to the ROTC examination.

Examinations performed by your personal physician should be completed before the DODMERB medical so that the results can be brought to the assigned medical examiner at your appointment. If you have had a visual pelvic exam within the last 11 months, you may supply the results of this test to the medical examiner and avoid having to repeat this examination.

## **HOW TO LIST YOUR MEDICAL HISTORY**

On the back of DD Form 2492 is a section pertaining to your past medical history. To ensure speedy processing of your examinations, it is important that you be informative, descriptive, and thorough on the listing of your medical history. Listed below are examples of how to list your medical history on Form 2492:

### **PROBLEM AREA**

### **PROPER FORMAT**

Acne/Skin Disorders

Seriousness and type of disorder, location on body, medications used, and for how long. Seeing or have seen a physician.

*(e.g. Mild acne on forehead and shoulders. Taking tetracycline daily since 8/91. Currently seeing Dr. Johnson.)*

Hayfever/Allergies

List as seasonal or perennial (lasts throughout the whole year). If seasonal- what months. Effects of allergies, medications used to control if any, how often medication is taken, ever suffered sinusitis (inflammation of the sinuses) and when.

*(e.g. Seasonal allergy to grass and pollen in spring. My eyes water and get congested. I use Sineaid and take Seldane tablets twice daily. Never desensitized or had sinusitis.)*

Fractures

Identify which bone was broken, year of occurrence, how the bone was broken, type of immobilization ( e.g. brace, cast etc.), hardware that was inserted or is now in such as pins, plates or screws, and any limitations on performance.

*(e.g. Right arm broken in June 1991 while playing football. 6 weeks in hard cast, 2 pins remain in arm. No limitations on performance.)*

Surgery

Type of surgery, date of surgery, reason for surgical procedure, name and location of hospital or clinic, doctor who performed the surgery, and describe current condition.

*(e.g. Orthoscopic knee surgery in 5/92. Tore muscles while sliding in baseball game. Seen at Memorial Hospital in Boston, MA. Surgery*

*performed by Dr. William Johnson. Wear brace now while playing sports  
no other recurring problems.)*

## Asthma

When it was first experienced, date of last occurrence, seriousness of condition, and list medications or inhalers used.

*(e.g. First experienced in 6/87, last occurrence in 8/93. Mild asthma, currently using prescription inhaler.)*